



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST VINCENT SALEM HOSPITAL, INC

City of Hospital: Salem

Year Begin: 07/01/2011 (mm/dd/yyyy format)

Year End: 06/30/2012 (mm/dd/yyyy format)

Medicare Provider Number: 151314, 15Z314

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$6477365	Contractual Allowance	\$23636905
Outpatient Patient Service Revenue	\$41982766	Other Deductions	\$3161089
Total Gross Patient Service Revenue	\$48460131	Total Deductions	\$26797994

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$21662138
Other Operating Revenue	\$247018
Total Operating Revenue	\$21909156

4. Operating Expenses

Salaries and Wages	\$7035978	Employee Benefits	\$2139566
Depreciation and Amortization	\$279751	Interest Expense	\$0
Bad Debt	\$3534757	Other Expenses	\$8835753
Total Operating Expenses	\$21825805		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$83351	Total Assets	\$11007374
Net Non-operating Gains over Loss	\$11435	Total Liabilities	\$11007374
Total Net Gains	\$94786		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$21744163	\$12417282	\$9326881
Medicaid	\$7223210	\$6199974	\$1023236
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$19492758	\$8180738	\$11312020
Total	\$48460131	\$26797994	\$21662137

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$8460	\$-8460

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$32000	\$-32000

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	736

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0